



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1813

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Community outreach effort by partnering with select Miami Dade County Public Schools, community groups and cultural institutions, offering One Play at a Time's Youth Development workshops/ Programs that develops vital life skills, pathways to education and employment opportunities and also a focus on health & wellness.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	50,000	10%
Other	200,000	40%
Total Project Costs for Fiscal Year 2024-2025	500,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

No other funding options.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

If yes, indicate the amount of funds received and what the funds were used for.



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Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	CEO - project lead (25% of salary)	35,000
Other Salary and Benefits	Operations Director - (20% of salary) responsible for the supervision and management of this project, the organization as a whole and executing the mission and strategic plan.	35,000
Expense/Equipment/Travel/Supplies/Other	Travel	10,000
Consultants/Contracted Services/Study	CPA to manage these funds and perform separate program audit.	10,000
Operational Costs: Other		
Salary and Benefits	Program Manager and lead facilitator.	20,000
Expense/Equipment/Travel/Supplies/Other	All program supplies, staff uniforms, and equipment. Also, mileage, tolls, gas, etc. for direct service staff.	95,000
Consultants/Contracted Services/Study	Life Coaches, mentors, Academic Tutors, Teaching Artists and coaches. These funds will be invested directly into the staff providing the vital services to the TAP Fellows.	45,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		250,000

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

The purpose of our program is to help educate at-risk youth by giving them the tools they need to succeed and achieve self-sufficiency. We are honored to have a network of professional experts that help effectuate this change through a series of interactive workshops / pep-rally's that help prepare children for future jobs. Our expected outcome is to inspire and motivate more of our youth in underserved communities and expose them to more educational opportunities for a better future.



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b. What activities and services will be provided to meet the intended purpose of these funds?

The services will include a massive community outreach effort by partnering with select Miami Dade County Public Schools, community groups and cultural institutions, offering One Play at a Time's Youth Development workshops/ Programs that develops vital life skills, pathways to education and employment opportunities and also a focus on health & wellness.

c. What direct services will be provided to citizens by the appropriation project?

A series of interactive activities: workshops, camps, clinics, pep-rallies, motivational speakers, exhibits, no cost programs, etc.

d. Who is the target population served by this project? How many individuals are expected to be served?

Persons with poor mental health, persons with poor physical health, economically disadvantaged persons, at risk youth developmentally disabled, drug users, grade school students, high school students' university /college students, drug offenders (in criminal justice). 200-400 Expected to be served.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

100% of participants will have access to innovative forward-thinking curriculum, 100% of youth will be exposed to cultural experiences via the workshops with Multi cultural facilitators, 75% of youth will understand how to make positive choices to create meaningful improvement in social-emotional learning skills, 70% of participants will gain knowledge on how to improve fitness levels and performance. All outcomes contingent to pre assessments and post assessments.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

Withholding of payments is fully understandable if we fail to meet the performance measures. One Play at a Time Foundation will internally audit and reflect on all aspects of the program to maintain fidelity.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College



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Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number